

Fee only

| FEE TRANSMITTAL                            |     | Complete if Known    |                   |
|--|-----|----------------------|-------------------|
| Patent fees are subject to annual revision |     | Application Number   | 09/657,915        |
|  |     | Filing Date          | September 8, 2000 |
|  |     | First Named Inventor | Scribano et al.   |
|  |     | Examiner Name        | Han, C.           |
|  |     | Group Art Unit       | 2655              |
| TOTAL AMOUNT OF PAYMENT                    | (5) | Attorney Docket No.  | CE09396R C02      |

  

| METHOD OF PAYMENT  | FEE CALCULATION (continued)  |                   |                 |   |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|--|--|-------------------|-----------------|---|-----------------|--|----------|-----------------|------|-----|--------------------|-----|------|-----|-------------------------------------|-----|-------------------|------|------|------|----------------|-------------------------------------|------------------|-----------------|-----------------|------|------|------|---------------------------|------------------------|------|------|------|------|-----------------------------------|---|-----|------|------|--|------|------|--|----|---|------|-------|------|-------|---|--|--|------|-----|------|----|--|--|--|------|-----|------|-----|---|--|--|------|-----|------|-----|--|--|--|------|------|------|-----|---|--|--|------|------|------|-----|--|--|--|------|-----|------|-----|------------------|--|--|------|-----|------|-----|--|--|--|------|-----|------|-----|--------------------------|--|--|------|------|------|------|---|--|--|------|-----|------|----|--------------------------------|--|--|------|------|------|-----|------------------------------------|--|--|------|------|------|-----|---------------------------------|--|--|------|-----|------|-----|------------------|--|--|------|-----|------|-----|-----------------|--|--|------|-----|------|-----|-------------------------------|--|--|------|----|------|----|-------------------------------------|--|--|------|-----|------|-----|-------------------|--|--|------|----|------|----|--|--|--|------|-----|------|-----|---|--|--|------|-----|------|-----|--|--|--|------|-----|------|-----|---|--|--|------|-----|------|-----|---|--|--|--|--|--|--|----------------------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:<br>Deposit Account Number <span style="border: 1px solid black; padding: 2px;">50-2117</span><br>Deposit Account Name <span style="border: 1px solid black; padding: 2px;">Motorola, Inc.</span><br><br><input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.18 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   | 3. ADDITIONAL FEES<br><table style="width:100%; font-size: small;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td></td><td></td><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td></td><td></td><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td></tr> <tr><td></td><td></td><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td></td><td></td><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td></td><td></td><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of title prior to Examiner action</td></tr> <tr><td></td><td></td><td>1806</td><td>1840*</td><td>1806</td><td>1840*</td><td>Requesting publication of SRR after Examiner action</td></tr> <tr><td></td><td></td><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td></tr> <tr><td></td><td></td><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td></tr> <tr><td></td><td></td><td>1253</td><td>930</td><td>2253</td><td>455</td><td>Extension for reply within third month</td></tr> <tr><td></td><td></td><td>1254</td><td>1430</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td></tr> <tr><td></td><td></td><td>1255</td><td>1970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td></tr> <tr><td></td><td></td><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td></tr> <tr><td></td><td></td><td>1402</td><td>320</td><td>2402</td><td>180</td><td>Filing a brief in support of an appeal</td></tr> <tr><td></td><td></td><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td></tr> <tr><td></td><td></td><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td></td><td></td><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unadvised</td></tr> <tr><td></td><td></td><td>1453</td><td>1300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td></tr> <tr><td></td><td></td><td>1501</td><td>1300</td><td>2501</td><td>650</td><td>Utility issue fee (for release)</td></tr> <tr><td></td><td></td><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td></tr> <tr><td></td><td></td><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td></tr> <tr><td></td><td></td><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td></tr> <tr><td></td><td></td><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(g)</td></tr> <tr><td></td><td></td><td>1808</td><td>180</td><td>1808</td><td>180</td><td>Submission of IDS</td></tr> <tr><td></td><td></td><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of assigned)</td></tr> <tr><td></td><td></td><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr> <tr><td></td><td></td><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td></tr> <tr><td></td><td></td><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td></tr> <tr><td></td><td></td><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>Other fee (specify):</td></tr> </tbody> </table> | Large Entity      | Small Entity    | Fee Code  | Fee (\$)        | Fee Code   | Fee (\$) | Fee Description |      |     | 1051               | 130 | 2051 | 65  | Surcharge - late filing fee or oath |     |                   | 1052 | 50   | 2052 | 25             | Surcharge - late Provisional filing |                  |                 | 1053            | 130  | 1053 | 130  | Non-English specification |                        |      | 1812 | 2520 | 1812 | 2520                              | For filing a request for ex parte Reexamination |     |      | 1804 | 920*                                   | 1804 | 920* | Requesting publication of title prior to Examiner action |    |   | 1806 | 1840* | 1806 | 1840* | Requesting publication of SRR after Examiner action       |  |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  |  | 1252 | 410 | 2252 | 205 | Extension for reply within second month |  |  | 1253 | 930 | 2253 | 455 | Extension for reply within third month |  |  | 1254 | 1430 | 2254 | 725 | Extension for reply within fourth month |  |  | 1255 | 1970 | 2255 | 985 | Extension for reply within fifth month |  |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  |  | 1402 | 320 | 2402 | 180 | Filing a brief in support of an appeal |  |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  |  | 1451 | 1510 | 1451 | 1510 | Petition to institute a public use proceeding |  |  | 1452 | 110 | 2452 | 55 | Petition to revive - unadvised |  |  | 1453 | 1300 | 2453 | 650 | Petition to revive - unintentional |  |  | 1501 | 1300 | 2501 | 650 | Utility issue fee (for release) |  |  | 1502 | 470 | 2502 | 235 | Design issue fee |  |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(g) |  |  | 1808 | 180 | 1808 | 180 | Submission of IDS |  |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of assigned) |  |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) |  |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |  |  |  |  |  | Other fee (specify): |
| Large Entity   | Small Entity   | Fee Code          | Fee (\$)        | Fee Code  | Fee (\$)        | Fee Description  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1051              | 130             | 2051  | 65              | Surcharge - late filing fee or oath                                      |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1052              | 50              | 2052  | 25              | Surcharge - late Provisional filing                                      |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1053              | 130             | 1053  | 130             | Non-English specification  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1812              | 2520            | 1812  | 2520            | For filing a request for ex parte Reexamination                          |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1804              | 920*            | 1804  | 920*            | Requesting publication of title prior to Examiner action                 |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1806              | 1840*           | 1806  | 1840*           | Requesting publication of SRR after Examiner action                      |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1251              | 110             | 2251  | 55              | Extension for reply within first month                                   |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1252              | 410             | 2252  | 205             | Extension for reply within second month                                  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1253              | 930             | 2253  | 455             | Extension for reply within third month                                   |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1254              | 1430            | 2254  | 725             | Extension for reply within fourth month                                  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1255              | 1970            | 2255  | 985             | Extension for reply within fifth month                                   |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1401              | 320             | 2401  | 160             | Notice of Appeal   |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1402              | 320             | 2402  | 180             | Filing a brief in support of an appeal                                   |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1403              | 280             | 2403  | 140             | Request for oral hearing   |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1451              | 1510            | 1451  | 1510            | Petition to institute a public use proceeding                            |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1452              | 110             | 2452  | 55              | Petition to revive - unadvised   |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1453              | 1300            | 2453  | 650             | Petition to revive - unintentional                                       |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1501              | 1300            | 2501  | 650             | Utility issue fee (for release)  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1502              | 470             | 2502  | 235             | Design issue fee   |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1503              | 630             | 2503  | 315             | Plant issue fee  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1460              | 130             | 1460  | 130             | Petitions to the Commissioner  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1807              | 50              | 1807  | 50              | Processing fee under 37 CFR 1.17(g)                                      |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1808              | 180             | 1808  | 180             | Submission of IDS  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 8021              | 40              | 8021  | 40              | Recording each patent assignment per property (times number of assigned) |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1809              | 750             | 2809  | 375             | Filing a submission after final rejection (37 CFR § 1.129(a))            |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1810              | 750             | 2810  | 375             | For each additional invention to be examined (37 CFR § 1.129(b))         |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1801              | 750             | 2801  | 375             | Request for Continued Examination (RCE)                                  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  | 1802              | 900             | 1802  | 900             | Request for expedited examination of a design application                |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  |                   |                 |   |                 | Other fee (specify):   |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| 2. <input type="checkbox"/> Payment Enclosed:<br><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |  |                   |                 |   |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| FEE CALCULATION  |  |                   |                 |   |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| 1. BASIC FILING FEE<br><br><table style="width:100%; font-size: small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>820</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Release filing fee</td><td></td></tr> <tr><td>1005</td><td>180</td><td>2005</td><td>90</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p style="text-align: right; font-weight: bold;">SUBTOTAL (1) (\$) 0.00</p>  | Large Fee Code   | Entity Fee (\$)   | Small Fee Code  | Entity Fee (\$)   | Fee Description | Fee Paid   | 1001     | 750             | 2001 | 375 | Utility filing fee |     | 1002 | 330 | 2002                                | 165 | Design filing fee |      | 1003 | 820  | 2003           | 260                                 | Plant filing fee |                 | 1004            | 750  | 2004 | 375  | Release filing fee        |                        | 1005 | 180  | 2005 | 90   | Provisional filing fee            |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| Large Fee Code   | Entity Fee (\$)  | Small Fee Code    | Entity Fee (\$) | Fee Description   | Fee Paid        |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| 1001   | 750  | 2001              | 375             | Utility filing fee  |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| 1002   | 330  | 2002              | 165             | Design filing fee   |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| 1003   | 820  | 2003              | 260             | Plant filing fee  |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| 1004   | 750  | 2004              | 375             | Release filing fee  |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| 1005   | 180  | 2005              | 90              | Provisional filing fee                                    |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| 2. EXTRA CLAIM FEES<br><br><table style="width:100%; font-size: small;"> <thead> <tr> <th>Total Claims</th> <th>Previously Paid**</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>20</td> <td>3</td> <td>18</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>84</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>280</td> <td></td> </tr> </tbody> </table><br><table style="width:100%; font-size: small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claims, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>* Retains independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>* Retains claims in excess of 20 and over original patent</td></tr> </tbody> </table> <p style="text-align: right; font-weight: bold;">SUBTOTAL (2) (\$) 0.00</p> <p style="font-size: x-small;">*OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.<br/>         **For Releases, see above</p> | Total Claims   | Previously Paid** | Extra Claims    | Fee from below  | Fee Paid        | Independent Claims   | 20       | 3               | 18   |     | Multiple Dependent |     |      | 84  |                                     |     |                   |      | 280  |      | Large Fee Code | Entity Fee (\$)                     | Small Fee Code   | Entity Fee (\$) | Fee Description | 1202 | 18   | 2202 | 9                         | Claims in excess of 20 | 1201 | 84   | 2201 | 42   | Independent claims in excess of 3 | 1203  | 280 | 2203 | 140  | Multiple dependent claims, if not paid | 1204 | 84   | 2204   | 42 | * Retains independent claims over original patent | 1205 | 18    | 2205 | 9     | * Retains claims in excess of 20 and over original patent |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| Total Claims   | Previously Paid**  | Extra Claims      | Fee from below  | Fee Paid  |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| Independent Claims   | 20   | 3                 | 18              |   |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| Multiple Dependent   |  |                   | 84              |   |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
|  |  |                   | 280             |   |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| Large Fee Code   | Entity Fee (\$)  | Small Fee Code    | Entity Fee (\$) | Fee Description   |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| 1202   | 18   | 2202              | 9               | Claims in excess of 20                                    |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| 1201   | 84   | 2201              | 42              | Independent claims in excess of 3                         |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| 1203   | 280  | 2203              | 140             | Multiple dependent claims, if not paid                    |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| 1204   | 84   | 2204              | 42              | * Retains independent claims over original patent         |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| 1205   | 18   | 2205              | 9               | * Retains claims in excess of 20 and over original patent |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |
| SUBMITTED BY<br>Name (Print/Type) <span style="border: 1px solid black; padding: 2px;">Steven A. May</span><br>Signature <span style="border: 1px solid black; padding: 2px;"><i>Steven A. May</i></span>  | Complete (if applicable)<br>Registration No. <span style="border: 1px solid black; padding: 2px;">44,912</span> Telephone <span style="border: 1px solid black; padding: 2px;">(847) 578-3835</span><br>Date <span style="border: 1px solid black; padding: 2px;">October 12, 2004</span>  |                   |                 |   |                 |  |          |                 |      |     |                    |     |      |     |                                     |     |                   |      |      |      |                |                                     |                  |                 |                 |      |      |      |                           |                        |      |      |      |      |                                   |   |     |      |      |  |      |      |  |    |   |      |       |      |       |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                 |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |                   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |  |  |  |  |                      |

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